MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-050595 STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 184

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 1080
2 0397
3 2
4 0
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7 1
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	INSTEAD OF	SHOULD READ	DATE AMENDED

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

FILED DEC 26 1963

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada, Mo.
Length of stay in 1b: 1yr. 6 mos.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nevada, Mo., State Hosp. Inside Limits: Yes ☒ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Greene
c. CITY OR TOWN Springfield Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 450 South Avenue Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Albert Middle: G. Last: Cowan

4. DATE OF DEATH: Month December Day 17 Year 1963

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 3-27-84

9. AGE (last birthday): 79
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired telephone man.

10b. KIND OF BUSINESS OR INDUSTRY: Telephone

11. BIRTHPLACE (City and state or country): Little Rock, Arkansas

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Unknown

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Izora Beatrice Shirley (Dec.)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates o

16. SOCIAL SECURITY NO.

17. INFORMANT Address: Records - Nevada, Mo., State Hospital

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause p... PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary Occlusion	2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Generalized Arteriosclerosis	1 year
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6-11-62 to 12-17-63 and last saw ~~him~~ her alive on 12-17-63

Death occurred at 10:45 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hilda Muszynski, M.D.

22b. ADDRESS Nevada, Mo., State Hospital

22c. DATE SIGNED 12-17-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 12-19-1963

23c. NAME OF CEMETERY OR CREMATORY Ozark Cemetery

23d. LOCATION (City, town, or county) Ozark, Mo. (State)

24. FUNERAL DIRECTOR ADDRESS Adams-Monger, Ozark, Mo

25. DATE RECD. BY LOCAL REG. 12-20-1963

26. REGISTRAR'S SIGNATURE Anna E Jerry

(Licensed Embalmer's Statement on Reverse Side)

DEC 30 1963

MAR 31 1964

JAN 28 1964

1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Eric M. Abbott

Licensed Embalmer No. 5115

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.